

REQUEST FOR COMMERCIAL EQUIPMENT AUTHORIZATION APPROVAL
AR 71-32, USAFACFS Reg 725-1

THRU:		FROM:		DATE: (mm/dd/yyyy)	
TO:					
1. Nomenclature of Item Requested					
Replacement <input type="checkbox"/>		Initial Request <input type="checkbox"/>		Qty Requested	
Model #		Price Each		Qty on Hand Not Auth	
		NSN		Brochure <input type="checkbox"/> Yes <input type="checkbox"/> No	
MFG/Source					
Name/Phone # of User					
Work Center Where Equipment Will Be Used					
2. Standard Items Considered: (Refer to AMDF, SB 700-20, and CTA)					
Line #		NSN		Reasons that Preclude Use of Standard Items	
3. JUSTIFICATION: Justify both item requested and quantity. Furnish brochure if available.					
(If previously approved, give DRM control number					
4. Signature of Director/Commander: _____ (Must have hand signatures for block 4 & 5. Fill out electronic form, print copy, and then set signatures)			5. Funds Verification (Check One) <input type="checkbox"/> Funds are currently available <input type="checkbox"/> Funds will be available at year-end <input type="checkbox"/> No funds required, property book authorization only Signature of Budget Officer _____		

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